

## Kids C.A.N. Volunteer Application

Thank you for applying to volunteer with the Kids C.A.N. program. The information in this application will help us match you with a mentoring program and mentee. All information will be kept confidential.

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_

E-mail: \_\_\_\_\_

Birthdate \_\_\_\_\_ Gender \_\_\_\_\_ Highest Level of Education \_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Why would you like to volunteer with Kids C.A.N.? \_\_\_\_\_

Please list any special interests or skills (such as computers, languages, math, sciences, and/or activities, etc.)

What time commitment are you willing to give per week? \_\_\_\_\_

Please indicate day(s) and time(s) you would be available to volunteer.

\_\_\_ Sun Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

\_\_\_ Mon. Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

\_\_\_ Tues. Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

\_\_\_ Wed. Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

\_\_\_ Thur. Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

\_\_\_ Fri. Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

\_\_\_ Sat. Morning \_\_\_ to \_\_\_ Afternoon \_\_\_ to \_\_\_ Evening \_\_\_ to \_\_\_

In which areas of Harford County would you like to mentor? \_\_\_\_\_

Mentee preferences: ☐ Male ☐ Female ☐ Either Age \_\_\_\_\_ ☐ Any

Is there a particular mentoring program (or programs) that you prefer? \_\_\_\_\_

Employer's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_

Please describe your volunteer experience(s):

Organization Name	Phone#	Dates	Supervisor	Job Title/Duties Performed
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Please list two references that have known you for more than one year and are not relatives:

Name	Full Address	Phone#	Relationship
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\_\_\_\_\_  
City, State, Zip

Name	Full Address	Phone#	Relationship
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\_\_\_\_\_  
City, State, Zip

Participation in Kids C.A.N. will require verification of references and a background check before placement. Kids C.A.N. reserves the right to accept or reject any applicant based on information provided in the volunteer's application, interview, or background check (including but not limited to arrests, charges, or convictions for criminal offenses other than minor traffic offenses) or for any other reason. Kids C.A.N. reserves the right to withhold the reason for such rejection. Kids C.A.N. reserves the right to terminate the participation of a volunteer at any time, for any reason. Applicant acknowledges that Kids C.A.N. is not obligated to divulge the reason for any such termination. Any misrepresentation or omissions of fact will be cause for termination as a volunteer or applicant. Kids C.A.N. is not obligated to place any applicant as a result of the application process.

I, \_\_\_\_\_, agree to the above conditions in applying as a volunteer with Kids C.A.N. I hereby affirm that all information on this application is true and complete to the best of my knowledge. I authorize verification of references and all information contained in this application. I release supervisor/references from all liability for damage arising from their responses to inquires concerning my performance.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

To expedite processing, you may fax the application and background forms to 410-638-3329. You will, however, need to send the original document to us for record purposes.

# NATIONAL BACKGROUND INVESTIGATIONS, INC.

Post Office Box 156, Mayo, Maryland 21006

Tel: 410.798.0072 / 800.798.0079

Fax: 410.798.7868 / 800.798.7895

## APPLICANT RELEASE AND AUTHORIZATION FORM

I hereby authorize KIDS C.A.N. or other authorized representatives of the company bearing this release to obtain and release any information pertaining to my background, including any of the services noted below, for employment or volunteer purposes. I hereby fully release and discharge my prospective employer, other authorized representatives of the company, or other source providing information from all claims and damages arising out of or relating to any investigation of my background for said purposes.

### Please Provide Minimum 7 Years of Residential History Below

Name: \_\_\_\_\_ Alias/Other: \_\_\_\_\_  
(First, Middle, Last – Print Clearly)

Date of Birth: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_ State: \_\_\_\_\_ Signature: \_\_\_\_\_

[1] Current Address: \_\_\_\_\_ City/State: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

[2] Previous Address: \_\_\_\_\_ City/State: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

[3] Previous Address: \_\_\_\_\_ City/State: \_\_\_\_\_

County: \_\_\_\_\_ Dates/From: \_\_\_\_\_ To: \_\_\_\_\_

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IMPORTANT: FOR CLIENT USE ONLY – *Please order any of the following:*

Check Alias/Other name: Yes \_\_\_\_\_ No \_\_\_\_\_

[1] Criminal Search: Current Address \_\_\_\_\_ [2] Criminal Search: Previous Address \_\_\_\_\_

[3] Criminal Search: Previous Address \_\_\_\_\_

Maryland Statewide \_\_\_\_\_ Maryland Traffic \_\_\_\_\_ Social Security Trace \_\_\_\_\_ MVR \_\_\_\_\_

Sexual Offender (where available) \_\_\_\_\_ Wants/Warrants \_\_\_\_\_ Credit Report \_\_\_\_\_ FACS Plus \_\_\_\_\_

Federal Criminal \_\_\_\_\_ Federal Civil \_\_\_\_\_ Bankruptcy \_\_\_\_\_ Workers' Compensation \_\_\_\_\_

Civil Judgment: Upper \_\_\_\_\_ Lower \_\_\_\_\_ Federal Tax Lien \_\_\_\_\_ State Tax Lien \_\_\_\_\_

Verification (Specify Number of Items): Education \_\_\_\_\_ License \_\_\_\_\_ Employment \_\_\_\_\_

# Kids C.A.N. Program

## RELEASE STATEMENT

In consideration of my participation in the Kids C.A.N. program, I, as a participating volunteer or as the parent or guardian of a participating volunteer, waive any and all claims and release the Kids C.A.N. volunteer program, Harford County Government, and all of their respective agencies, agents, employees, and representatives from any and all liability and claims which I may have and/or which any persons claiming through me may have, such as (but not limited to) an executor, personal representative or administrator of an estate, or a spouse, parent or child, for damages of any kind or nature, including but not limited to personal injuries, death, property damage, or other loss relating in any way to my participation as a mentor.

I understand that if I want to meet with my mentee other than the specified program time, I am responsible for contacting and getting approval from the mentee's parent or guardian and the program coordinator at the participating mentoring organization. I agree to release, indemnify, defend, and hold harmless Kids C.A.N., the Harford County Government, and all of their respective agencies, agents, employees, and representatives for any damage, loss or injury caused by or to any person relating to my activities as a mentor.

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(Name of Volunteer – PLEASE PRINT)

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(Volunteer's Signature or Parent/Guardian's Signature  
if Volunteer is under 18 years of age)

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(Date)